

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90024 019 ***150.00

DOCUMENT # P93000072557

1. Entity Name
STONE HILL, INC.

Principal Place of Business

1581 BRICKELL AVE
 SUITE TH 1
 MIAMI FL 33129
 US

Mailing Address

1581 BRICKELL AVE
 SUITE TH 1
 MIAMI FL 33129
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

STONE HILL INC.
ATT: GERALD STEIN
1581 BRICKELL AVE. SUITE PH 203
MIAMI, FL. 33129

3. Mailing Address

Suite, Apt. #, etc. *Same*
 City & State

4. FEI Number **65-0442618**

Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

STEIN, GERALD M
1581 BRICKELL AVE
SUITE TH 1
MIAMI FL 33129

7. Name and Address of New Registered Agent

STONE HILL INC.
ATT: GERALD STEIN
1581 BRICKELL AVE. SUITE PH 203
MIAMI, FL. 33129

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00-May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPST	<input type="checkbox"/> Delete
NAME	STEIN, GERALD M	
STREET ADDRESS	1581 BRICKELL AVE, TH 1	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEIN, GERALD	
STREET ADDRESS	1581 BRICKELL AVE APT TH1	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONE HILL INC.	
STREET ADDRESS	ATT: GERALD STEIN	
CITY-ST-ZIP	1581 BRICKELL AVE. SUITE PH 203	
TITLE		<input type="checkbox"/> Addition
NAME	<i>Same</i>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF FORMING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

UBR 602588 [0]

CR2E034 (9/01)